M1400000 7800

(Requestor's Name)					
, ,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Decument Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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05/31/16--01031--024 **25.00

STEALTARY OF STATE ON A STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Engage Gaming, LLC my name change to Exacts Systems, LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Katherine Paisley Name of Person
<u>Gracta Systems, LLC</u> Pirm/Company
1225 NW Broken Sound Parkway Swite C Address
Boca Robon, FL 33487 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kotherine Paisley at (859) 321-5443
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount: \$\sum{\$25\$ Filing Fee}\$ \$\sum{\$30\$ Filing Fee & \$\sum{\$55\$ Filing Fee & \$\sum{\$60\$ Filing Fee,} } \text{Certificate of Status}\$ Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of					
State: Encire Gamine, LLC					
Enter new principal office address, if applicable: 1123 Galeway Blvd					
(Principal office address MUST BE A STREET ADDRESS) Boynton Beach, FL 33426					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Boynton Beach, FL 33426					
2. The Florida document number of this limited liability company is: M1400000 7800					
3. Jurisdiction of its organization: Indiana					
4. Date authorized to do business in Florida: Detober 27, 2014					
SECTION II (5-9 complete only the applicable changes)					
5. New name of the limited liability company: <u>Exacta Systems</u> , <u>LLC</u> (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")					
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")					
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:					
Name of New Registered Agent:					
New Registered Office Address: 1123 Eskway Blvd					
Enter Florida Street Address Boynton Beach, Florida 334210, City Zip Code					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.					

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Fitle/ Capacity	<u>Name</u>	Address .	Type of Action	
			Add	
			Remove	
	·-		Add	
			Remove	
			∏Add	
			Remove	
			Add Remove	
aforementioned am	icate, if required: no more than 9, lendment(s), duly authenticated be the law of which this entity is org	the official having custody of record	Remove S in the	
,	Signature	the authorized representative STEIN Intel name of signee	_	

Filing Fee: \$25.00

State of Indiana Office of the Secretary of State

Certificate of Amendment of

ENCORE GAMING, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

Exacta Systems, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, April 26, 2016.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 16, 2016

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

2012113000258 / 7317082

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

APPROVED AND FILED CONNIE LAWSON INDIANA SECRETARY OF STATE 05/16/2016 11:48 AM

ARTHUM SOD AMENDMENT

ARTIGLEI-NAME AND FRINGIPAL OFFICE ADDRESS

BUSINESS ID 2012113000258

BUSINESS TYPE Domestic Limited Liability Company

BUSINESS NAME ENCORE GAMING, LLC

PRINCIPAL OFFICE ADDRESS 220 GREAT CIRCLE ROAD, SUITE 130, NASHVILLE, TN, 37228, USA

DATE AMENDMENT WAS ADOPTED 05/16/2016

BETERGINEDAVE

EFFECTIVE DATE 04/26/2016

ARTIGUED-DUSINESSNAVIEGHANGE

DATE OF ADOPTION 04/26/2016

NEW BUSINESS NAME Exacta Systems, LLC

MANAGEMENTUNEORMANION

THE LLC WILL BE MANAGED BY MANAGER(S) No

APPROVED AND FILED CONNIE LAWSON INDIANA SECRETARY OF STATE 05/16/2016 11:48 AM

SIGNATURE .

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY May 16, 2016

SIGNATURE

Timothy K. Ryan

TITLE

Agent

Business ID: 2012113000258 Filing No.: 7317082